

Catawba County Emergency Medical Services

STUDENT/OBSERVER POLICY FORM

Public safety personnel, health care professionals, students or others approved by Catawba County Emergency Medical Services (CEMS) may, following arrangements with the EMS Manager or Training Officer, observe and ride with CCEMS employees provided they understand and agree to the following:

1. Review all policies and procedures with the EMS Manager or Training Officer and sign all requisite forms before riding on an ambulance.
2. Observers are prohibited from participating in the treatment of any patient. Students may assist in treatment under the direct supervision of a CCEMS Paramedic.
3. Students / Observers shall follow the direction of their assigned CCEMS Crew at all times.
4. A patient has the right to object to any Student / Observer observing or participating in their treatment. Should this occur it is possible that a Student / Observer will be left behind and will be responsible for finding their own transportation.
5. Students / Observers are prohibited from interfering with CCEMS personnel at any time.
6. Weapons, controlled substances or alcoholic beverages are not permitted on CCEMS premises or vehicles at any time. Anyone believed to be under the influence of alcohol or controlled substances will not be allowed on CCEMS property.
7. Students must wear their school uniform. Observers will wear a white or light blue collared knit shirt and black or navy blue pants. Students / Observers must display proper identification at all times. Students / Observers must be prepared for inclement weather. CCEMS will not be responsible for any damaged belongings or lost articles.
8. Students / Observers will ride between the hours of 7:00 am A.M. and 11:00 P.M. unless special approval is given by the EMS Manager or Training Officer.
9. Riding on an ambulance is a privilege, not a right, and may be revoked at any time, with or without cause.
10. Failure to agree to and comply with these rules will result in the Student / Observers' immediate termination from riding on a CCEMS vehicle or being on CCEMS property.

I, _____, have read, understand and agree to abide by all of the above rules and requirements.

Student / Observer Date

CCEMS Employee Date

This document approved to form:

Debra Bechtel, County Attorney Date

Catawba County Emergency Medical Services

CRIMINAL RECORDS CHECK POLICY FORM

Students may ride with the CCEMS employees as part of an approved field internship program. These students must be enrolled in an approved program at an accredited teaching institution that has a current contract with Catawba County EMS. A person riding as part of a field internship program must have his or her teaching institutions written approval to participate in this program and must provide a certified Criminal Records Check to EMS Administration when applying to ride.

- *A certified criminal records check must be submitted from the County where the student currently resides and for all Counties where the student has previously resided.*
- *The criminal record must be obtained and certified within 30 days of the request to ride.*

No one with pending charges, with the exception of minor traffic infractions, will be permitted to ride.

The EMS Manager has the authority to make exceptions when the type and remoteness (in time) of the conviction are such that it is, solely at the discretion of the EMS Manager, permissible for the student to ride.

Some types of misdemeanor convictions will not automatically preclude a student from riding. However, any person who has been convicted of a misdemeanor must receive permission from the EMS Manager prior to riding. The EMS Manager has the sole authority and discretion to determine if a student convicted of a misdemeanor may ride.

Convictions not listed on the criminal record must be listed on this form: _____

Student / Observer	Date
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CCEMS Employee	Date
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This document approved to form:

Debra Bechtel, County Attorney	Date
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Catawba County Emergency Medical Services

OBSERVATION AGREEMENT

In consideration of Catawba County allowing the undersigned to ride as a Student / Observer with the Catawba County Emergency Medical Services (CCEMS), I, the undersigned, do hereby agree, contract, and covenant that I will hold harmless and indemnify Catawba County, its agents, successors, assigns, and employees, from any and all damage, injury, or liability arising from being allowed to ride as a Student / Observer, despite and regardless of whether such injury or damage be to persons, and from any and all liability arising out of my actions, omissions or mere presence. I have read, understand, and will abide by this agreement.

Student / Observer Date

CCEMS Employee Date

This document approved to form:

Debra Bechtel, County Attorney Date

Catawba County Emergency Medical Services

CONFIDENTIALITY AGREEMENT

I understand that in accordance with N.C.G.S. 143-518 any and all information connected to dispatch, response, treatment or transport of a patient is strictly confidential. I agree to keep any and all information I may learn about a patient while a Student / Observer strictly confidential. I agree that the only time I may disclose any patient information is at the direction of a CCEMS Employee.

I also understand that my failure to comply with the provisions of this Confidentiality Agreement may constitute a misdemeanor punishable by fine and / or imprisonment and will result in my permanently being prohibited from riding with Catawba County EMS.

I further state that I understand and agree to comply with this Catawba County EMS Confidentiality Agreement at all times.

Student / Observer	Date
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CCEMS Employee	Date
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This document approved to form:

Debra Bechtel, County Attorney	Date
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Catawba County Emergency Medical Services

INFECTION CONTROL STANDARD OPERATING GUIDELINE

Catawba County EMS has provided me with a copy of their SOG regarding Infection Control.

I have reviewed the guideline and a Catawba County EMS employee has answered any questions I may have had.

I agree to abide by all the procedures when and if they affect me in my capacity as a student / observer.

Student / Observer Date

CCEMS Employee Date

This document approved to form:

Debra Bechtel, County Attorney Date

Catawba County Emergency Medical Services

VOLUNTEER INFORMED CONSENT NOT TO RECEIVE HEPATITIS B VACCINATION

I, _____, am a volunteer who, because of participation in high risk activity, as determined by OSHA regulations, qualifies to receive vaccination to protect me against Hepatitis B Virus.

I understand that Hepatitis B Virus is transmitted through blood and body fluids and that because of my activities as a volunteer; I am at higher than normal risk of exposure to the virus.

Each year the Center for Disease Control estimates that 300,000 people in the United States are infected with Hepatitis B Virus and of those approximately 12,000 are health care or public safety workers. Ten percent (10%) of those who are infected will become carriers and will have a higher than normal risk of developing chronic liver disease, including cirrhosis and cancer, and are infectious to others.

The Centers for Disease Control recommends that all individuals at high risk receive a Hepatitis Vaccination. The vaccination provides over ninety percent (90%) protection to Hepatitis B.

_____ I have already taken the Hepatitis B vaccine series.

Dates of vaccination: _____, _____, and _____.

NOTE: All students must supply a copy of their vaccination record or completed declaration. (Attach copy)

Student / Observer Date

CCEMS Employee Date

This document approved to form:

Debra Bechtel, County Attorney Date